



Hickory/Fountain Green Wrestling

2014 Post Season
2 Cycles - Now
through June &
July through
September



Wrestling – Off Season
March 2014 thru September
2014 (1st Cycle Approx: 25
Sessions 2nd Cycle Approx: 25
Sessions) Tuesday & Thursday
(dates subject to change. Call,
email and watch web site for
changes). \$30.00 per Cycle
(discount rates for multiply
wrestlers living in the same
household). All ages from 4 to
adult. Tournament
participation will be planned.

COACHES:
Ken Thier Sr
(Founder)
Elliot Creamer
(CM Wright HS Alumni)
Kip Fields
(Fallston HS Wrestler Alumni)
Justin Sweeney
(Amature Boxer)

Registration & Practices held at Forest Hill / Hickory
Activity Center, 2213 Commerce Road, Forest Hill, Md
21050

Info updated on website: www.hfgcolts.com Point of
contact Ken Thier at 443-243-0878 or email:

coachkct@verizon.net

+Access to scale during training +Critique taped matches
and review strengths and weaknesses and work on
correcting deficiencies (wrestler must provide disc of
match)



HARFORD COUNTY DEPARTMENT OF PARKS AND RECREATION
REGISTRATION FORM
HICKORY/FOUNTAIN RECREATION COUNCIL

Wrestlers Name: _____ Program: **Wrestling Off-Season 2014**

Address: _____ Date of Registration: DD/MM/YY

_____ Age: Date of Birth: DD/MM/YY

Grade: _____ School : _____ Approximate Weight: _____

Years of Wrestling Experience: _____ Parents Names and cell phone number: _____

Emergency Name and Phone number: _____

Email (primary and if needed alternant): _____

Registration Fee: \$30.00 per wrestler / \$50.00 for both Cycles / \$5.00 per session / multiply wrestlers discount

Amount Paid: _____ if cash (put a check) _____ or check# _____

Name on Check _____ Registered by (initials) _____

NOTE: Registration Fees are *not* refundable! Make checks to HFGRC.

Are there physical conditions or allergies the leader should be aware of? _____

- I understand that my child will not be covered by any program insurance, and I agree that I will not hold the team, program, coach, instructor, or recreation council responsible for injuries received while participating in the above noted program. I also agree that I assume financial responsibility for the return or replacement of uniforms and equipment issued to me/my child.
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Parent's Signature: _____ Date: DD/MM/YY

(Parent's signature is required for participants under 18 years of age.)

Adult volunteer assistance is encouraged. Parent(s) interested in helping with coaching, program development (ie: practice schedules, BOD...), raising funds, etc (name & area for assistance):

Note: All fees benefit the HFG Wrestling Program to include the HFG Colts Jr Wrestling Program.